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## APPLICANTS

Daniel Worledge, Poughquag, NY;

\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>WJ</u> Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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## ADDRESS

34663  
MICHAEL J. BUCHENHORNER, ESQ  
HOLLAND & KNIGHT  
701 BRICKELL AVENUE  
MIAMI , FL  
33131

## TITLE

Via AP switching

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